



Asian Indian Donor Marrow Registry

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CONSENT FORM FOR BONE MARROW DONATION

I, (Mr/Mrs/Miss/ Ms)..... hereby give consent for a blood sample to be taken for testing my tissue type and for me to be contacted for further tests should I be a possible donor for a patient needing a bone marrow transplant. I understand that I shall be entered into records of the Asian Indian Donor Marrow Registry (AIDMR). I have been explained about marrow donation and told that I can withdraw my name at a later stage (if required) until the patient treatment begins.

Full Name _____

Date of Birth ___/___/___

Father's/Husband's name _____

Local Address _____

Email: _____

Permanent Address _____

Age /Sex _____

Place of Birth _____

Tel: _____ (Res)

_____ (Office)

Fax: _____

Tel: _____ (Res)

Mobile _____

(if any)

Signature _____

Date ___/___/___

Witness _____

Date ___/___/___

Please supply the name, address and telephone number of a family member or friend not living with you, incase we cannot contact you.

Name: _____

Contact Address _____

Tel: _____ (Res)

_____ (Office)

THANK YOU FOR JOINING THE ASIAN INDIAN DONOR MARROW REGISTRY.
YOU WILL BE CONTACTED FOR FURTHER BLOOD SAMPLES IF YOUR TISSUE TYPE
APPEARS TO MATCH THAT OF A PATIENT IN NEED.